

4500

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. 414	
1. PLACE OF DEATH		Yuma		County		State ARIZONA	
Township		Yuma		City		No. Yuma General Hospital	
Length of residence in city or town where death occurred		5 yrs.		How long in U. S. of foreign birth?		5 yrs.	
2. FULL NAME		Deward W. Wilson		(a) Residence: No.		Yuma Arizona	
PERSONAL AND STATISTICAL PARTICULARS		3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)	
Male		White		Married			
6. DATE OF BIRTH		January 27 1903		7. AGE		34 Years	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Waiter & Cook		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month, day, and year)		June 30 1937		11. Total time (years) spent in this occupation		8	
12. BIRTHPLACE (city or town) (State or Country)		Luther Wilson		13. NAME		Texas	
14. BIRTHPLACE (city or town) (State or Country)		Annie Wise		15. MAIDEN NAME		Arkansas	
16. BIRTHPLACE (city or town) (State or Country)		W.C. Wilson		17. INFORMANT (Address)		184 First St Yuma Ariz.	
18. BIRTHPLACE (city or town) (State or Country)		The Johnson Mortuary		19. FUNERAL DIRECTOR		Yuma Arizona	
20. Filed		Sept 2 1937		21. DATE OF DEATH (month, day, and year)		September 16 1937	
22. I HEREBY CERTIFY, That I attended deceased from		8/15		I last saw him alive on		9/16/37	
23. If death was due to external causes (violence) fill in also the following:		Chronic intertrigo		What test confirmed diagnosis?		X-rays	
24. Was disease or injury in any way related to occupation of deceased?		No		If so, specify		John W. Stacey, M. D.	
25. Signature of Physician		John W. Stacey		26. Signature of Registrar		Mary A. McPherson	
27. Signature of Informant		W.C. Wilson		28. Signature of Funeral Director		The Johnson Mortuary	
29. Signature of Burial Director		The Johnson Mortuary		30. Signature of Burial Director		The Johnson Mortuary	